

POSITION	INITIALS	ID NO.	DATE
	<i>me</i>		05/30/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	6/8/01
FORMALITY REVIEW	<i>MM</i>	572	07-26-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	05/07/01
2	✓
3	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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